

ADMINISTRATION.

No changes in the system of administration took place during the year.

The chief administrative problems with which the Department was faced during the year were three in number: first, and this was no new problem, how, without any increase of medical and health staff, to meet the ever growing needs for instruction in hygiene, and the ever growing demands of the African population for indoor and outdoor medical relief; second, how to accommodate the ever increasing numbers of patients presenting themselves for indoor hospital treatment, of which they were obviously in need, and third, how, without seriously interfering with other work, we were to make provision for the execution of certain special preventive measures against the infection of the Colony with yellow fever which, as the result of the occurrence of a great epidemic of that disease in the Southern Sudan in the latter half of the preceding year, had clearly become very necessary. None of these problems was fully solved, but, having regard to the difficulties with which we were faced with regard to the provision of staff and buildings, the position at the end of the year was not entirely unsatisfactory.

It is true that with regard to services designed to provide instruction in hygiene, to secure the improvement of environmental conditions and to control endemic disease in the rural areas of both the native reserves and the settled districts there was but little progress owing, in the former areas, to the fact that certain sanctioned posts of Medical Officer and Health Inspector had to be left vacant for considerable periods and in some cases for the whole of the year, and in the latter areas, owing partly to shortage of staff and partly to the absence of many farmers on military service. On the other hand, the amount of medical relief provided, not only in hospitals, but at dispensaries and out-dispensaries, again showed a large increase over the preceding year, a considerable number of new hospitals and wards were provided, and a major piece of sanitary work was carried out in connection with the elimination of conditions favouring the spread of yellow fever should it have been introduced.

The shortage of staff in the rural areas of the native reserves was occasioned, partly by casualties in the staff of European Health Inspectors which could not be made good, but chiefly by the need to detail certain medical officers for yellow fever control work, and to post certain other medical officers to refugee and recruiting camps, and to medical institutions in the towns where the increase of work resulting from urban development connected, in some cases, though not in all, with the war had been very great.

These new urban postings will require to be maintained after the war and if we are then to re-establish the services in the native reserves at their former strength it will be essential to increase the numbers of medical officers employed. Even, however, if we leave aside, for the moment, the need to pursue a long term policy directed towards the improvement of environmental conditions in the reserves, and have regard only to the growing need for man power in relation to production, it will be for consideration whether a large increase in the medical staff ought not to be made in the near future in order that a greater measure of medical relief for cases of curable disease may be afforded.

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The position with regard to medical staff at the close of the year was as follows:-

Sanctioned Posts.(e.g. Director of Medical Services, Medical Officer, Native Hospital, Nairobi, Machakos, etc. etc.)	44
Sanctioned Posts vacant.	6
Sanctioned Posts filled.	38
Sanctioned staff.	53
Seconded to Military Forces.	10
Permanent Staff available for duty in the Colony.	43
Officers on Temporary Engagement in place of Officers on Military or other special duty.	4
Total Officers available for duty.	47
Officers in Sanctioned Posts.	38
Officers available for other duty.	9

The disposition of these nine officers on the 31st December, 1941, was as follows:-

Seconded as Senior Medical Officer of Health to the Municipal Council of Nairobi.	1
On special Yellow Fever duty in the Coastal Areas.	3
At Nyeri (in charge Italian Refugee Camp).	1
At Infectious Diseases Hospital, Nairobi.	1
At Native Civil Hospital, Nairobi.	1
On leave in the Colony.	2
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The "Sanctioned" posts vacant at the end of the year were as follows:-

1. Medical Officer, Northern Frontier District.
2. Medical Officer, Turkana District.
3. 2nd Medical Officer, Kisii, (Nyanza Province).
4. 2nd Medical Officer, Machakos, (Central Province).
5. Medical Officer, Kitui, (Central Province).
6. Medical Officer, Kilifi, (Coast Province).

Of these posts, No.1 and No.6 will be filled when the yellow fever campaign closes, but it will also be necessary to make, in 1942, an additional new posting of a medical officer at each of the following places:-

- The Native Hospital, Nakuru.
- The General Dispensary, Nairobi.
- Mombasa (Assistant Medical Officer of Health).

This will account for five of the nine officers at present engaged on special duty, or on leave, but will leave sanctioned posts Nos.2, 3, 4 and 5 still vacant.

Provision was made towards the end of 1941, in the Estimates for 1942, for the engagement of five additional medical officers. These officers, if and when they arrive, might be posted to fill any of the sanctioned posts which may then still be vacant, but it is not unlikely that this may be impossible as the strain on the urban services is still great and growing, and it is also not improbable that emergencies in connection with the establishment of new refugee camps, or recruiting camps for civil labour may necessitate the posting of these new officers for the performance of other duties.

Provision/

Provision of New Services, the extension of Existing Services, and the Provision of New Buildings during the Year.

During the year and in spite of war conditions, and difficulties in obtaining building materials, the following new services or buildings were provided:-

I. A very complete 40 bedded Government African Hospital in permanent material was built at Thika township: this, so far as the provision of buildings of permanent construction was concerned, was made possible only by the generosity of an Indian merchant living in the town.

II. A new 6 bedded Asian ward was provided in connection with the hospital at Thika by the Indian community.

III. Temporary ward accommodation for an additional 100 beds for Africans was provided by Government at the Native Hospital, Nairobi.

IV. The construction of a Centre consisting of dormitories for 40 inmates, a dining hall, a physiotherapy block and an administrative block, etc., etc., was commenced in the neighbourhood of the Native Hospital, Nairobi, for the treatment and rehabilitation of African Soldiers, Pioneers and Labourers, injured in the war and discharged from the Army. (Disabled Africans from any territory in Africa will be admitted to this Centre for treatment).

V. A new ward block for 30 Africans was commenced at the Mental Hospital at Mathari, in Nairobi.

VI. A new ward in permanent materials was constructed at the Infectious Diseases Hospital, Nairobi, for the accommodation of Europeans suffering from infectious disease.

VII. New screened quarantine accommodation for from 12 to 24 passengers, and a ward for 6 cases, was provided at the Infectious Diseases Hospital, Nairobi, in connection with the control of yellow fever.

VIII. The construction of a new ward block in permanent materials for 30 beds for Africans at the Infectious Diseases Hospital, Nairobi, was commenced.

IX. Additional new ward accommodation in permanent materials was provided for about 40 African beds at the Native Hospital, Mombasa, and additional accommodation for about 18 Asians was provided at the same hospital by the re-construction of other buildings. A new African out-patient dressing room was also provided.

X. An appointment of District Surgeon was made in the settled area of Thomson's Falls and the erection of an African Dispensary with a few beds was commenced, the capital expenditure being provided by Government (£450) and the local European population (£250).

XI. A 30 bedded African hospital in permanent materials was erected at Embu, the funds being provided by the Local Native Council.

XII. New maternity ward blocks for Africans were erected at Nyeri and Fort Hall, and a new ward at Fort Hall, the funds being provided by the Local Native Councils concerned.

XIII./

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XIII. The construction of a new Asian ward at the Native Hospital, Kitale, was commenced in December, the necessary funds having been provided partly by Government and partly by the local Asian community.

XIV. At Kajiado, in the Masai Reserve, a new ward of about 30 beds was erected from funds provided by the Local Native Council.

XV. At the Kericho Native Hospital a new maternity ward for Africans was erected, the funds having been provided by the Local Native Council.

XVI. At Nyeri and at Kisumu, which are the Administrative Headquarters of the Central and Nyanza Provinces, respectively, small wards were erected in connexion with the Native Hospitals for the accommodation and observation of Africans suspected to be mentally disordered. The erection of these wards will make it unnecessary, in future, to detain such persons for observation in the local prisons.

XVII. A new Nursing Sisters' Home was erected at the European Hospital, Nairobi, thus making available a building which was converted to give accommodation for about fourteen patients.

In all, hospital accommodation for about 400 additional beds for Africans, 30 for Asians, and 20 for Europeans was erected or commenced during the year. The cost of these new buildings was about £25,000, and the value of the equipment provided about £5,000.

PUBLIC HEALTH.

Judged by the incidence of certain communicable diseases which, on occasion and especially in time of war, may be of major importance, the record of the year was, with one exception, remarkably satisfactory. For example, no case of smallpox occurred, while, in spite of the fact that there was constant communication with Abyssinia where louse borne typhus is endemic, and while many thousands of prisoners of war were brought into the Colony from that country, the infection of louse typhus, so far as we are aware, was never introduced. Again, no notable outbreaks of disease occurred in any of the very large and numerous prisoner of war or military camps which have been established throughout the Colony. Furthermore, in spite of the existence of these camps and the fact that many African soldiers, pioneers and labourers have returned from campaigning outside the Colony, there would not, so far, appear to have been any very notable increase in the incidence of venereal disease. That there has been some increase among the civil African population is, however, undoubted; and it is far from improbable that there will be a further increase later on as "garrison" conditions replace active campaigning, but such increase as there has so far been would seem to have been much less than might have been expected.

With regard to two other diseases, however, the record for 1941 is less satisfactory than that for the preceding year. These diseases are plague and cerebro-spinal meningitis.

Plague.

Prior to 1941 the incidence of plague in Kenya had been falling steadily over a period of about fifteen

years and in the year 1940 only eleven cases were recorded. In 1941, however, there was an epidemic recurrence of this disease and about 781 cases were notified. These cases occurred chiefly in the capital town of Nairobi and in the neighbouring native reserve of Kiambu, where, for many years past, plague would appear to have been endemic. The control of plague in this native reserve, where the great bulk of the population live in mud-walled huts with grass roofs, of great thickness, will for long be a difficult business since it will, of necessity, be many years before all the thousands of peasants' huts in the district can be replaced by a type of building less suitable for the harbourage of rats, and till the necessary social changes can be effected. In the case of the capital town of Nairobi, however, the position is very different, here, provided adequate finance could be made available, and provided an efficient cleansing service were also to be established, plague could, within a few years, be made a thing of the past. Till these things have been done, the danger of a recurrence of plague in epidemic form will remain. The lessons of the epidemic would seem, however, to have been taken to heart by the Municipal Council, which has effected certain improvements in the cleansing service and is now only too anxious to consider a large scale housing project as and when funds and material can be made available.

Cerebro-spinal Meningitis.

357 cases occurred as against 115 in 1940. Having consideration of the facts that the disease was epidemic in a neighbouring territory, the large number of camps established in the Colony, and the overcrowding of our towns, we escaped lightly.

Malaria.

The record of 1941 was much better than that of the preceding year. No very serious rural epidemics occurred, and in Nairobi, thanks largely to the efficient work of a military anti-malaria unit, the incidence was much lower than for several years past. A disturbing feature, however, was the increase of the incidence of the disease in some of the higher parts of the highlands. A spread of malaria into parts of the highlands of the Colony which were formerly free from this disease has been going on now for some years, but without additional staff for investigation and control little or nothing can be done, and for the time being additional staff of the type required is unobtainable.

Tuberculosis.

There was again an increase in the number of cases of tuberculosis treated in Government Hospitals, the numbers for 1941 being 1,859 as against 1,778 in the previous year. Owing to the need to keep beds available for cases of acute disease it is impossible at present to treat all the cases of surgical tuberculosis which come to our notice, and extra accommodation for all classes of cases is required. Furthermore, the time would now seem to have arrived when, in order not only to treat cases of tuberculosis more effectively, but to study the incidence of the disease, a special tuberculosis officer should be appointed.

- Pneumonia. -

Pneumonia.

7,498 cases of lobar and broncho-pneumonia were treated as against 5,072 in the preceding year. The hospital mortality rate was 7.5% as against 9.4% in the preceding year and against about 20% prior to the introduction of May & Baker 693.

Helminthic Diseases.

59,189 cases were treated as against 63,596 in the preceding year. The drop in the number of cases treated was probably due to the fact that drugs such as male fern and carbon tetrachloride are now in short supply.

Venereal Diseases.

12,548 cases of syphilis were treated as against 10,304 in the preceding year, while the figures for cases of gonorrhoea were 6,620 and 5,531, respectively. Again, as in the preceding year, there is as yet no evidence of any very notable increase in the incidence of these diseases as the result of war conditions. Nevertheless, the position is not such as can be regarded without anxiety.

VITAL STATISTICS.

The estimated population of the Colony for the years 1940 and 1941 was as follows:-

	<u>1940.</u>	<u>1941.</u>
Europeans.	22,808.	26,692.
Asians.	45,195.	44,126.
Goans.	3,702.	4,037.
Arabs and Others.	17,276.	18,121.
Africans.	3,413,371.	3,447,706. 3540682

The above figures are exclusive of Military personnel not of local origin.

HYGIENE AND SANITATION.

So far as possible work was carried on as usual in the native reserves, but in a number of these reserves the amount of work accomplished was less than usual owing to lack of European supervisory staff.

Work on the control of tsetse fly in the Nyanza Province was greatly hampered owing to the facts that the European Supervisor died and it was found impossible to obtain a successor.

In the European farming areas but little work was possible owing, partly to lack of Health staff, partly to the absence of large numbers of the male European population on military service, and partly to shortage of supply of building materials.

With regard to the larger towns, a problem to which, during the year, much attention was directed both by Local Public Health Authorities and by Government, was that of the housing of the African population. Housing schemes for the accommodation of Africans, both official and unofficial, were prepared for both Nairobi and Mombasa and funds to the extent of about £70,000 were allocated for the purpose. The Municipal Council of Nairobi has also approached Government with regard to the possibility of their obtaining a loan of the

order of £200,000 for the provision of African housing in the capital.

The Prevention of Yellow Fever.

The most important piece of sanitary work carried out during the year was that which was done in order to make the Colony less liable to infection with yellow fever.

The chief measures adopted towards this end were two in number:-

- A. Measures directed towards reducing the incidence of the chief yellow fever transmitting mosquito (*Aedes aegypti*) in all ports and urban centres, and in the neighbourhood of aerodromes.
- B. Measures directed towards immunising the population against yellow fever in those rural areas where the incidence of *Aedes aegypti* was high and its control impracticable.

These measures were adopted, however, not only with a view to safeguarding the Colony from infection and so protecting our own population, but also with a view to ensuring, so far as might be possible, that the infection of yellow fever should not be carried to, and then from Kenya, to other parts of the coast of Eastern Africa and so to the Middle East, India and the rest of Asia.

For the execution of these measures Government provided a special one line vote of £13,000 in the Medical Estimates for 1941, but having regard to the numbers of the members of the Medical Department who were detailed for special work in this connection and the sums spent on mosquito control measures by various local authorities and the Administration of the Kenya and Uganda Railways and Harbours, the amount of money spent on yellow fever prevention measures throughout the Colony during the year cannot have fallen very short of a sum of about £20,000

Mosquito Control.

An organisation was established for the control or the intensification of the control of domestic mosquitoes in every town and port of importance in the Colony, in all the larger trading centres, and along all the lines of communication, special measures were also adopted to ensure the control of mosquito breeding on all steamships and dhows entering the port of Mombasa.

By the end of the year these measures had been so effectively carried out that it is now improbable that yellow fever, if introduced, could establish itself or occur in epidemic form in any urban centre in the Colony.

Measures directed towards the immunisation of the population in areas where mosquito control is, for the present, impracticable.

The most vulnerable area of the Colony, and certainly the most important area of the Colony from the point of view of the protection of the remainder of the East Coast of Africa, the Middle East, India and the rest of Asia, is the tropical coastal strip which extends for about 300 miles from the Tanganyika boundary in the south, to the boundary of what was formerly Italian Somaliland in the north. This strip, so far as its infestation with *Aedes aegypti* is concerned, varies from about ten to forty miles in depth and carries a population estimated at something over 300,000 persons.

An inoculation campaign was commenced in April and by the end of the year the whole of the population of Mombasa and of the country lying between Mombasa and the Tanganyika boundary had been inoculated. In addition; many persons who were likely to have occasion to travel either to Uganda or to India were inoculated in up country towns.

The total figures for the year were as follows:-

Inoculation against yellow fever - 1941.

	<u>Europeans.</u>	<u>Arabs and</u> <u>Asians.</u>	<u>Africans</u>
At Mombasa	1,542	28,875	34,474
In the environs of Mombasa.	13	568	11,642
In the Native Reserves south of Mombasa.	16	701 501	65,429
In various up country town- ships.	395	-5,596	2,688
Kenya & Uganda Railway Staff.	158	249	1,102.
<u>TOTALS.</u>	<u>2,124</u>	<u>35,989</u>	<u>115,335.</u>

At the end of the year arrangements were in hand for increasing the number of inoculation teams working on the Coast and it is expected that the inoculation of the entire population of the coastal strip will be completed during the first half of 1942.

PORT HEALTH ADMINISTRATION.

Sea Ports.

Of the large number of vessels which entered Mombasa and Kilindini harbours during the year 1931 one only arrived in port infected.

Sanitary Conditions of the Port.

The port area, which is under the control of the Railways and Harbours Administration, was, as usual, maintained in excellent sanitary condition throughout the year.

Mosquito Breeding at Ports.

The amount of mosquito breeding in the port of Mombasa is very small and the amount of breeding of Aedes aegypti, the chief yellow fever carrying mosquito, is exceedingly small, the index for the town and port for the year was under 1%.

Air Ports.

At Kisumu, the disinfection of aircraft on arrival and departure is carried out by a European Overseer and the airport and aerodrome are free of Aedes mosquitoes.

MATERNITY AND CHILD WELFARE.

The comparative figures of maternity cases for the past three years are as follows:-

	<u>1939.</u>	<u>1940.</u>	<u>1941.</u>
At centres established in connexion with Government Hospitals with the help of Local Native Councils and at Government Hospitals.	3,899	3,102	3,597
At the Lady Grigg Maternity Centres, Nairobi & Mombasa.	1,148	1,031	1,608
At Mission Hospitals.	1,195	1,181	1,783.
<u>TOTAL.</u>	<u>6,242</u>	<u>5,314</u>	<u>6,988.</u>

WORK DONE AT HOSPITALS, DISPENSARIES, OUTDISPENSARIES, VENEREAL CLINICS AND THE MENTAL HOSPITAL.

	European In-patients.	European Out-patients.	Asiatic and African In-patients.	Asiatic and African Out-patients.
1939	2,178.	5,855.	58,634.	482,199
1940.	2,511.	5,492.	72,520.	500,832.
1941.	2,684.	5,823.	78,258.	559,658.

In addition 732,061 first attendances and 496,282 re-attendances were recorded at out-dispensaries.

Surgery.

The table of operations performed throughout the Colony for the past three years is as follows:-

	<u>1939.</u>	<u>1940.</u>	<u>1941.</u>
On Europeans.	946.	745.	868.
On Asians.	796.	846.	951.
On Africans.	18,558.	16,287.	15,366
<u>TOTALS.</u>	<u>20,300.</u>	<u>17,878.</u>	<u>17,185.</u>

Mathari Mental Hospital.

All Races.

Admissions.	167
Discharges.	133.
Deaths.	9.

Laboratories.

Throughout the year a large amount of work was done for the Military Authorities in addition to ordinary civil work.

The numbers of examinations of specimens of various kinds carried out at the Nairobi and Mombasa Laboratories during the past three years was as follows:-

1939.	74,720.
1940.	107,622.
1941.	120,498.

Training of Local Medical Personnel.

The training of African Hospital Assistants and Compounders was carried out as usual.

FINANCE.

The sanctioned estimates of expenditure for the Medical Department for the years 1939, 1940 and 1941 were as follows:-

	<u>Ordinary.</u>	<u>Extraordinary.</u>	<u>TOTAL.</u>
1939.	£223,752.	£ 8,310.	£232,062
1940.	£233,421.	£ 645.	£234,066.
1941.	£252,132.	£15,154	£267,286.

TABLE SHOWING THE MAIN CAUSES OF MORBIDITY IN
RELATION TO IN-PATIENTS AND OUT-PATIENTS
AT HOSPITALS AND DISPENSARIES.

	<u>1939.</u>	<u>1940.</u>	<u>1941.</u>
TOTAL INCIDENCE.	548,885.	581,395.	646,623.
	<u>Percent.</u>	<u>Percent.</u>	<u>Percent.</u>
Epidemics, etc.	16.4	23.4	21.2
Diarrhoea and Enteritis.	1.7	1.7	1.6
Caries and Pyorrhoea.	1.6	1.8	1.7
Ankylostomiasis.	0.5	0.5	0.4
Other Diseases of Digestive System.	21.7	19.8	18.5
Pneumonia.	1.0	0.9	1.2
Bronchitis.	11.1	9.2	10.0
Other Diseases of Respiratory System.	4.9	4.9	4.4
Organs of Vision.	3.8	3.6	3.8
Ear and Mastoid.	1.4	1.4	1.5
Other Diseases, Nervous System.	1.0	1.3	1.0
Circulatory System.	0.3	0.3	0.3
Genito Urinary System.	0.9	0.8	1.0
Ulcers.	6.8	5.8	7.4
Scabies	2.0	1.8	1.7
Other Diseases, Skin and Cellular Tissues.	4.1	3.6	3.7
Bones and Organs of Locomotion.	3.4	3.7	2.9
External Causes.	12.2	11.3	11.2
General Diseases.	3.0	2.2	2.5
Ill-defined and other Diseases.	2.2	2.0	4.0

(SGD) A.R. PATERSON.

DIRECTOR OF MEDICAL SERVICES.

25th September, 1942.



Kenya Colony and Protectorate (1941)

Vital Statistics. (See previous issues of this Supplement). The only data presented relate to the estimated population, namely: Europeans 26,692, Asians 44,126, Goans 14,037, Arabs and others 18,121 and Africans 3,444,706, making a total population (exclusive of military personnel not of local origin) of 3,540,682.

Medical Staff (European). - The sanctioned staff provides for 53 medical officers of various grades. During the year under review 6 of the sanctioned posts were vacant, leaving 47 ~~officers available for duty~~ and 10 officers were seconded for service with H.M. Forces. Dr. A.R. Paterson C.M.G. was the Director of Medical Services.

Maternity and Child Welfare Work. - New maternity blocks for Africans were erected at the native hospitals at Nyeri, Fort Hall, and Kericho, from funds provided by the Local Native Councils. Maternity cases dealt with during the year were as follows:-

At Government hospitals and at centres established by Government with the help of Local Native Councils	3,597 cases
At the Lady Grigg Maternity Centre, Nairobi and Mombasa	1,608 "
At Mission Hospitals	1,783 "

Public Health, Sanitation etc. - No administrative changes were introduced during the year under review. The principal problems of administration facing the Department were - and are - (a) how to meet the increasing demands for indoor and out-door relief and provide for general sanitary progress without increase of existing medical and health staffs, (b) how to accommodate the steadily increasing number of persons seeking in-patient hospital treatment, and (c) how, with depleted staffs to organize effective measures against the ~~present~~ threat of yellow fever infection which have recently appeared. Though none of these problems was fully solved owing to unusual conditions and difficulties, the situation at the end of the year was not entirely unsatisfactory. So far as general sanitary measures were concerned, the amount of work carried out in the native reserves during 1941 was less than usual owing to the fact that certain sanctioned posts of medical officers and health inspectors had for various reasons to be left vacant for considerable periods. The most important sanitary work carried out during the year was directed towards preventing the introduction of yellow fever into the territory: the measures adopted were directed towards the reduction and control of aedes mosquitoes in port areas, aerodromes, urban centres, along lines of communication and towards the immunisation of the population against the disease - especially in rural areas where the aedes index is high and control of the infecting mosquito impracticable. It is said that control measures were so effectively carried out that it is now doubtful if yellow fever could establish itself or occur in epidemic form in any

urban centre in the Colony. During the year 212.4 Europeans, 35789 Arabs, and 115335 Africans were inoculated against the infection. It is expected that the inoculation of the entire population of the coastal strip will be completed during the first half of 1942. Considerable attention was devoted to providing ^{for the} improved housing of the African population; special ^{housing} schemes were prepared for Nairobi and Mombasa at funds allocated for the development of these schemes.

Port Health Work and Aerial Traffic - The number of vessels ~~arriving~~ ^{entering} the ports of Mombasa and Kilindini are not stated, but it is said only one infected vessel was reported. Sanitary conditions in the port areas were maintained at their usual high standard, mosquito control measures continued to be carried out. The disinfection of all aircraft arriving at and departing from Kiwumu aerodrome is carried out under European supervision. The airport and aerodrome are free from aedes mosquitoes.

Hospitals Dispensaries etc. - Hospital accommodation providing for about 400 additional beds for Africans, 30 for Asians, and 20 for Europeans were completed or commenced during the year; new constructions completed included 2 hospitals for Africans, ~~and~~ 9 ~~new~~ additional wards for Africans and Asians (scheme of those mentioned under Maternity above) and 2 ad. wards are in course of construction. It is worthy of note that the construction of an African hospital at Ithaka was made possible by the generosity of an Indian merchant living in the town, a new Asian ward at the Ithaka hospital was provided by the Indian Community, and ~~other~~ buildings in other areas were ~~previously~~ erected from funds provided by local Native Societies. The volume of work dealt with at hospitals, dispensaries etc. was as follows.

Europeans.
In-patients. Out-patients
2884 5823.

a type of building less suitable for the harbourage of rats, and in Nairobi an efficient cleansing service must be provided in order to ensure no recurrence of the epidemic outbreak.

Cerebrospinal meningitis was responsible for 354 cases (as compared with 115 in 1940). This increase is attributed to the fact that the disease was epidemic in a neighbouring territory, the overcrowded conditions in towns, and the large number of camps in the Colony.

The situation with regard to malaria incidence was more satisfactory; no serious epidemics occurred in rural areas and in Nairobi the incidence was lower than for many years past. On the other hand, in some of the high parts of the highlands of the Colony, formerly free from the disease, ~~an~~ increased incidence was reported. The number of cases dealt with are not recorded.

A further increase in the number of cases of tuberculosis treated in Government hospitals is reported, with 1,859 cases. It is suggested that a special tuberculosis Officer should be appointed so that intensive study of the incidence and treatment of the disease might be undertaken. There were 7,498 cases of pneumonia (all forms) with a hospital mortality rate of 7.5 per cent.

For helminthic diseases of various kinds 59,189 cases were treated as compared with 63,596 in 1940. The decline in the number treated is attributed to short supply of the drugs used in treatment.

Veneral Diseases. - Despite the existence of many camps and the return of large numbers of African soldiers and labourers from campaigning outside the Colony no very notable increase in the incidence of these diseases appears in official returns, though some increase among the civil African population is undoubted. Cases of syphilis treated numbered 12,548, and of gonorrhoea 6,620.

Scientific. - Throughout the year a large amount of additional work was carried out at the laboratories for the Military Authorities. Altogether 120,498 specimens of various kinds were examined; no details are supplied.

Financial. - The "sanctioned estimate" of expenditure on Medical Department services for 1941 was £267,286; actual expenditure is not stated.

